

Foreclosure Intervention & Default Counseling:

HOME OWNER INFORMATION WORKSHEET

Homeowner (A) _____

Homeowner (B) _____

Homeowner(s) Street Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone (A) _____ Home Phone (B) _____

Work Phone (A) _____ Work Phone (B) _____

Cell Phone (A) _____ Cell Phone (B) _____

Email Address (A) _____

Email Address (B) _____

Homeowner (A) SSN _____ Homeowner (B) SSN _____

Homeowner (A) Employer 1 _____

Title _____ How long? _____

Homeowner (A) Employer 2 _____

Title _____ How long? _____

Homeowner (B) Employer 1 _____

Title _____ How long? _____

Homeowner (B) Employer 2 _____

Title _____ How long? _____

Foreclosure Intervention & Default Counseling:

PROPERTY INFORMATION

Type of Property

- ☐ Single Family detached
☐ Condominium
☐ Other

- ☐ 2-4 Unit
☐ Cooperative

- ☐ Townhouse
☐ Mobile Home

Condition of Home

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Age of Home _____

List Price \$ _____

Date Purchased _____

Real estate agent _____

Tax Assessed Value

\$ _____

Phone number _____

Currently for Sale?

- ☐ Yes ☐ No

Length of time on market _____

HOUSEHOLD INFORMATION

Number of Adults Over 18 _____

Number of Children _____

Ages _____

CLIENT INFORMATION FOR HUD HOUSING COUNSELING

1.) I am a female head of household – adult female with dependents and no significant other (Check one):

- ☐ Yes ☐ No

2.) I consider myself to be Hispanic (Check one):

- ☐ Yes ☐ No

3.) I consider myself to be (Check one):

- ☐ White
☐ Black/African American
☐ American Indian/ Alaskan Native
☐ Asian & White
☐ Native Hawaiian/Other Pacific Islander
☐ Asian
☐ American Indian/Alaskan Native & White
☐ Other/Multi-racial
☐ Black/African American & White
☐ American Indian/Alaskan Native & Black/African American

4. My annual household income is: (check one)

| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Under \$13,000 | <input type="checkbox"/> Under \$14,850 | <input type="checkbox"/> Under \$16,700 | <input type="checkbox"/> Under \$18,550 | <input type="checkbox"/> Under \$20,050 | <input type="checkbox"/> Under \$21,550 | <input type="checkbox"/> Under \$23,050 | <input type="checkbox"/> Under \$24,500 |
| <input type="checkbox"/> \$13,001 - 21,700 | <input type="checkbox"/> \$14,851 - 24,800 | <input type="checkbox"/> \$16,701 - 27,900 | <input type="checkbox"/> \$18,551 - 30,950 | <input type="checkbox"/> \$20,051 - 33,450 | <input type="checkbox"/> \$21,551 - 35,950 | <input type="checkbox"/> \$23,051 - 38,400 | <input type="checkbox"/> \$24,501 - 40,900 |
| <input type="checkbox"/> 21,701 - 34,650 | <input type="checkbox"/> \$24,801 - 39,600 | <input type="checkbox"/> \$27,901 - 44,550 | <input type="checkbox"/> \$30,951 - 49,500 | <input type="checkbox"/> \$33,451 - 53,500 | <input type="checkbox"/> \$35,951 - 57,450 | <input type="checkbox"/> \$38,401 - 61,400 | <input type="checkbox"/> \$40,901 - 65,350 |
| <input type="checkbox"/> over \$34,650 | <input type="checkbox"/> over \$39,600 | <input type="checkbox"/> over \$44,550 | <input type="checkbox"/> over \$49,501 | <input type="checkbox"/> over \$53,500 | <input type="checkbox"/> over \$57,450 | <input type="checkbox"/> over \$61,400 | <input type="checkbox"/> over \$65,350 |

Foreclosure Intervention & Default Counseling:

| Monthly Expenses | | | Monthly Income | | |
|------------------|---------------------------|----------|--------------------------------------|-------|-----|
| Categories | Types | Expenses | Income | Gross | Net |
| Misc. | Savings | | Homeowner (A) Income Employer (1) | \$ | \$ |
| Housing | Mortgage/Rent | | Homeowner (A) Income Employer (2) | \$ | \$ |
| | Homeowners/Renter Ins. | | Homeowner (B) Income Employer (1) | \$ | \$ |
| | Taxes | | | | |
| | Association Fee | | | | |
| | Pest Control | | | | |
| Utilities | Water | | Homeowner (B) Income Employer (2) | \$ | \$ |
| | Electric | | Other Employment Income | \$ | \$ |
| | Trash | | | | |
| | Gas | | | | |
| | Cable | | | | |
| | Internet | | | | |
| Phone | Local/Long Distance | | Other Employment Income | \$ | \$ |
| | Cellular | | Social Security / SSI / SSDI | \$ | \$ |
| | Pager | | Child or Spousal Support | \$ | \$ |
| Auto | Gasoline | | Unemployment Compensation | \$ | \$ |
| | Tolls | | | | |
| | Repairs | | Retirement Benefits | \$ | \$ |
| | Insurance | | Food Stamps | \$ | \$ |
| | Payment #1 | | | | |
| | Payment #2 | | | | |
| Food | Groceries House | | | | |
| | School Lunches | | | | |
| | Work Lunches | | | | |
| Insurance | Life | | Other | \$ | \$ |
| | Medical | | | | |
| Medical | Prescriptions | | Other | \$ | \$ |
| | Co-Pays | | Other | \$ | \$ |
| | Deductibles | | Other | \$ | \$ |
| Domestic | Child Support | | Other | \$ | \$ |
| | Alimony | | Other | \$ | \$ |
| Child Care | Day Care | | Other | \$ | \$ |
| | After School Care | | Other | \$ | \$ |
| | Private School | | Other | \$ | \$ |
| Entertainment | Eating Out/Pizza Delivery | | Other | \$ | \$ |
| | Church/Memberships/Clubs | | Other | \$ | \$ |
| | Lottery/Beer/Tobacco | | Other | \$ | \$ |
| | Hobbies | | Other | \$ | \$ |
| Clothing | Dry Cleaning/Laundry | | Other | \$ | \$ |
| | Children | | Other | \$ | \$ |
| | Parents | | Other | \$ | \$ |
| Debts | Other | | Other | \$ | \$ |
| | Other | | Other | \$ | \$ |
| TOTALS: | | | Other | \$ | \$ |

Foreclosure Intervention & Default Counseling:

MORTGAGE INFORMATION

| | First Mortgage | Second Mortgage |
|--|----------------|-----------------|
| Loan Info | | |
| Mortgage Holder | | |
| Monthly Payment | | |
| Date of Loan | | |
| Paid Through Date | | |
| Delinquent Amount | | |
| Outstanding Balance | | |
| Loan Type | | |
| Conventional | | |
| FHA | | |
| VA | | |
| Fannie Mae/Freddie Mac | | |
| Other: | | |
| Loan Terms | | |
| Fixed Rate | | |
| Adjustable Rate | | |
| 80/20 | | |
| Other: | | |
| Escrow Account Info | | |
| Taxes Escrowed (Y/N) | | |
| Delinquent tax amount | | |
| Insurance Escrowed (Y/N) | | |
| Delinquent insurance amount | | |
| Homeowner Association (HOA) Info | | |
| Homeowner Association Dues (Y/N) | | |
| Delinquent Amount: | | |
| Previous Workouts | | |
| Type of Workout | | |
| Date of Workout | | |
| Completed? (Y/N) (If yes, please provide a copy of the packet sent) | | |

Foreclosure Intervention & Default Counseling:

Describe what caused you to call our office.

What caused your situation? Please be honest. (We can't help if you are not truthful.)

How have you tried to fix your financial situation?

All of the information that I/We have provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file and no further assistance from the counselor will be provided.

Signature

Date

Signature

Date